Nova Scotia

Senior Citizens Secretariat

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91-06936/

ADDRESSING THE PROBLEM OF ELDER ABUSE
WHERE DO WE GO FROM HERE?

1ST PROVINCIAL SENIORS ELDER ABUSE CONFERENCE HALIFAX, NOVA SCOTIA 1991

FINAL REPORT AND RECOMMENDATIONS

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Chaired by
John Angus MacKenzie, Special Consultant for
The Senior Citizens' Secretariat

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ACKNOWLEDGEMENTS

On behalf of the Senior Citizens' Secretariat, I wish to express appreciation to all those who have contributed to the success of this conference. I am confident that the spirit of commitment demonstrated throughout the entire Project will be sustained in the days and months ahead and result in renewed effort by all concerned to ensure the protection of our elderly, often frail, citizens.

A special vote of thanks is extended to the Family Violence Prevention Division of Health and Welfare Canada for their financial support; to the members of the Provincial Planning Committee and the seven (7) Regional Task Forces', to Jane Mayer who coordinated the project, to Diane Senechal and the editorial committee who generously devoted a considerable amount of time to prepare this Report and the background document for the Conference.

Our task now must be to sustain the momentum generated by this Project and to ensure that we, as individuals and collectively, do all that we possibly and properly can, at the local and provincial levels, to prevent elder abuse and neglect, to stop elder abuse and neglect, and to respond to the needs of the victims of elder abuse and neglect. Only in so doing can we ensure the quality of life we seek for today's and tomorrow's seniors.

John Angus MacKenzie

EXECUTIVE SUMMARY

The Project, **Elder Abuse: Where Do We Go From Here?**, had as its mandate "to more effectively address, and in so doing, to alleviate the problem of elder abuse and neglect in Nova Scotia." It was felt that this task could best be accomplished by bringing together representatives of all the constituencies involved at the local and provincial levels to reflect on the nature, incidence, causality, and perception of elder abuse and neglect; to identify the major problems they are experiencing individually and collectively in their fight against elder abuse and neglect; and to detail the steps they feel should be taken to help them address these problems.

The Senior Citizens' Secretariat received funding from the Family Violence Prevention Division of Health and Welfare Canada in May 1990 on the understanding that a series of local and provincial forums would be established with representation from law enforcement agencies, community services, the clergy, the senior community, the Coordinated Home Care Program, the financial, the medical and the ethnic communities.

A Provincial Planning Committee and seven Regional Task Forces were established, met regularly over a seven month period and produced a draft document to facilitate discussion at a Provincial Conference held in March 1991.

Through the use of small group and panel discussions the Conference provided seniors and professionals with a better understanding of the many faces of elder abuse and neglect, its causality and what they might do individually and collectively to address the "silent scourge" of elder abuse and neglect in their communities.

The Conference clearly brought to light the need for greater coordination of effort at all levels in our fight against elder abuse and neglect, and the urgent need for programs of an educative, preventive and consciousness-raising nature. Much discussion focused on the special plight of the informal and formal caregivers who are often undertrained and overburdened and many argued the need for a Central Registry.

It was generally felt that the delivery of programs for the protection of the elderly could be better coordinated, that new and/or additional protocols were required, that a greater effort needs to be made to ensure a single entry point with respect to matters of elder abuse and neglect, and that the present legislative provisions, particularly at the provincial level, need to be renewed to guard against a legislative framework which tends to artificially separate the protection of the elderly from the protection of the elderly's estate. Finally, it was noted that care would need to be taken in the course of such a review to guard against any possible conflict of interest situations which may flow from placing the protection of the elderly and their estate under one administration and/or delivery system.

A number of creative suggestions are put forth to meet the challenge of elder abuse and neglect in the section of this Report dealing with "Major Conference Issues." Suffice it

to say at this juncture that the Conference participants were of the view that family violence is a learned behavior, that the abused child of today often becomes the abusing spouse in middle and later life, and that therefore early intervention and coordination of the totality of family violence initiatives is a must if we are to achieve any measure of success.

Finally, the participants strongly recommended the Regional Task Forces remain in place to take the lessons learned at the Conference back to their local communities through ongoing education and consciousness-raising exercises.

The Conference findings are summarized in this Report. Full coverage of the Conference, in written and taped format, are also available on request.

PROJECT REPORT

BACKGROUND

Prior to 1986 the Public Trustee was the only public official with statutory standing able to intervene on behalf of persons being abused, and his jurisdiction was limited to financial abuse and neglect. The Office of the Public Trustee is funded to protect the property of adults only.

Nova Scotia passed The Adult Protection Act in January of 1986. This Act is designed to protect an adult over the age of 16 years who, because of physical or mental infirmity, is unable to care for or to protect himself or herself. This protection guards their persons against physical and sexual abuse, mental cruelty and neglect. Mandatory reporting requirements are part of this legislation. Court intervention is only used in cases where mental incompetency or duress is suspected.

Five full time staff have been assigned to the Adult Protection Program which operates almost totally in a crisis intervention mode. In fact concern has already been voiced about the Program's ability to handle its current caseload which will, no doubt, increase even further as the public becomes more aware of and consequently sensitive to the presence of elder abuse and neglect in their local communities.

In an effort to raise the consciousness of the general population and to educate them to the presence of elder abuse and neglect, the Secretariat undertook the preparation, production and widespread distribution of a document entitled, Elder Abuse, Everyone's Concern, which summarized current research in Canada, the United States, and Great Britain.

In March of 1990 the Secretariat undertook to assist Health and Welfare Canada, Family Violence Prevention Division, to bring together 33 public agencies and organizations from across the province involved directly or indirectly in the struggle against elder abuse and neglect to review the findings of the first National Survey on Abuse of the Elderly in Canada which was carried out by the Ryerson Polytechnical Institute with federal funding.

Following this one-day review, and at the request of the agencies and organizations attending, the Secretariat agreed to bring this group together for a series of consultations over six month period in an effort to review the Nova Scotia situation, to identify the major problems being experienced by the agencies and organizations involved and to delineate the steps that might be taken individually and collectively by these agencies and organizations to better address this social problem.

In May of 1990 a submission was made to the Family Violence Prevention Division of Health and Welfare Canada for funding to carry out a series of regional and provincial meetings and to host a provincial conference on their findings in the spring of 1991.

Federal funding of $25,000.00 was approved for a seven month project; a coordinator was appointed and the Provincial Planning Committee and Regional Task Forces were established with representation from law enforcement agencies, community services, the clergy, the senior community, the Coordinated Home Care Program, the financial community, the medical community, and the ethnic communities.

OBJECTIVES:

The objectives of the project are as follows:

1. To test in a less structured way the findings of the Ryerson Study with respect to perception, incidence, and causality of elder abuse and neglect in Nova Scotia.

2. To identify the major problem areas at the local and provincial levels that must be overcome if we are to more effectively address elder abuse and neglect.

3. To commit to paper a tentative plan of action to address the problems identified, making provision for needed regional variations.

4. To develop needed interagency and interorganizational protocols.

5. To lay out a framework and the essential ingredients for an ongoing education program for all of the constituencies involved.

PROCESS:

A Provincial Planning Committee (25 members) and seven Regional Task Forces (66 members in all) were established and met on a regular basis between October and December 1990, to review the findings of the Ryerson Polytechnical Study in the light of their own experience, to identify the major problem areas they were experiencing in their fight against elder abuse and neglect, and to examine the solutions as they saw them.

A draft document was prepared for the March conference which combined the findings of the Provincial Planning Committee and the Regional Task Forces.

ISSUES AND CASE ILLUSTRATIONS:

The conference participants spoke at length to the complex nature of many elder abuse and neglect cases, and of how difficult it was to ensure that the elderly's right to care and self-determination are respected.

They were quick to come to the realization that there was no fail-safe approach or formula which could be used in all cases.

However they did agree on the necessity of adopting a holistic approach in assessing the abused and neglected senior's circumstances in order not to inflict yet more harm on the victim. At times, they noted, the bureaucratic process itself can do damage to the individual's human dignity and need for self-determination.

The following brief case examples highlight, in a cursory way, some of the issues that must be faced daily by those charged with responding to cases of suspected abuse and/or neglect.

(1) Mr. B., a 60-year-old diabetic and double amputee was admitted to the Victoria General Hospital suffering from kidney disease. He reported that he was verbally threatened with abandonment and starvation by his wife who was his sole care-giver. Mrs. B. was an alcoholic who cashed her husband's disability cheques and spent his money. She often visited her lover who lived in an upstairs apartment in the same building.
Mr. B. was found to be despondent and suffering from low self-esteem. Although he was given the option of resorting to the Office of the Public Trustee to stop the financial abuse of his cheques, he feared that his wife would leave him. He declined the offer and returned home to the abusive situation because his wife was his only caregiver and he could not manage alone. He did not wish to go to an institution.

(2) Allegations of self-neglect were made in the case of Mrs. S., age 79 who suffers from arthritis and is bed-ridden on many occasions. She lives alone and is barely managing physically and financially. She refuses any type of help from outside agencies and she has no friends or relatives to assist her. Being deemed mentally competent, she opted to leave the hospital, and the Adult Protection Program cannot be used to require her to accept services. There is concern that she will suffer from poor nutrition, and that she is living in a situation considered to pose considerable risk to herself. No one is given the authority to intervene, i.e., to arrange meals on wheels, coordinated home care services, do her grocery shopping, or pay her utility bills. Out of necessity she is left in this precarious situation.

(3) A son was given the Power of Attorney by his mother, Mrs. T., when she entered a nursing home, and proceeded to use his mother's money to cover his business expenses as well as her care cost. Shortly after Mrs. T's admission, the nursing home stopped receiving cheques for her care and contacted a daughter who discovered that her brother had exhausted all of his mother's estate on a failed business. The nursing home was forced to apply to the local municipality for social assistance to pay for Mrs. T's continuing care costs.

MAJOR CONFERENCE ISSUES

CURRENT LEGISLATIVE ENVIRONMENT:

The legislation relevant to elder abuse and neglect is administered by three provincial government departments.

The Attorney General's Department is responsible for the Public Trustee Act, the Incompetent Persons Act, and the Inebriates Guardianship Act.

The Department of Community Services administers the Adult Protection Act which provides certain remedies for instances of physical abuse, sexual abuse, mental cruelty and neglect.

The Hospitals Act, administered by the Department of Health and Fitness provides for the consent to treatment of a mentally incompetent adult.

The other relevant piece of legislation is the Criminal Code of Canada, pursuant to which charges may be laid for criminal assault and fraud.

Because the issues relating to elder abuse are dealt with in several pieces of legislation, administered provincially by at least three government departments, there is no solid coordinated effort to deal with this problem.

Recommendations:

(1) That a review of all provincial legislation and programs relating to the protection of the elderly be undertaken in an effort to -
* streamline the delivery system and simplify access by seniors to protection form all forms of abuse, exploitation and/or neglect;
* incorporate a preventive as well as an ameliorative thrust' and,
* ensure the provision of necessary home support services.

PROTOCOLS:

There needs to be greater integration of protocols among the various government departments, organizations and agencies, i.e., home care, hospitals, law enforcement agencies, community service agencies and seniors advocacy groups, charged with the protection of the vulnerable, often frail, elderly.

Recommendations:

(1) Make provision within the present elder protective system for a follow up of all cases of abuse and neglect by a seniors' advocacy group or agency.

(2) Establish appropriate guidelines for the sharing of information among professionals involved in the protection of the elderly.

(3) Standardize municipal guidelines for the delivery of services and/or the payment of financial assistance to seniors and caregivers.

(4) Develop and/or integrate protocols among various organizations and agencies involved in the protection of the elderly.

(5) Encourage seniors participation with local law enforcement agencies by way of community consultation groups and crime prevention programs. Suggestions were made which would involve the formation of senior support groups as sub-committees of crime prevention boards and the establishment of a neighbourhood watch type of program especially for seniors.

(6) ~~The Senior Citizens'~~ Secretariat take a lead role in ensuring the development and/or integration of necessary protocols among the various organizations and agencies involved in the field of elder protection.

COMPETENCY/INCOMPETENCY:

There are two separate and distinct definitions of competency - one as legally defined in the Hospitals Act, the other which is defined through common usage.

There is need for a reconciliation of the two definitions, since the legal one is too restrictive and the other too broad and all inclusive.

A further concern is that the terms "competency/incompetency" have acquired a negative connotation and call for adoption of a more socially acceptable description.

In addition there appears to be some inconsistency in the application of the terms competency/incompetency as related to degree and duration of impairment in the operationalization of various pieces of legislation in which the issue is addressed; and, there is need for integration of all sections of the various pieces of legislation.

Recommendations:

(1) That the review of legislation proposed earlier in the Report include either consideration for a more socially acceptable term and/or a definition of such terms as competency, incompetency and duress to ensure the issues raised during the Conference are dealt with.

(2) That Provision be made by way of mandate and staffing within the Adult Protection

Program to monitor seniors leaving hospital or the Adult Protection Program who are deemed to remain at risk of abuse and neglect because of their living conditions and/or personal circumstances.

THE RIGHT OF SELF-DETERMINATION:

Addressing the case of the mentally competent adult who chooses to remain in a situation of potential or actual neglect or abuse is always difficult in that it raises the question of the limits of an individual's right to self-determination in personal decisions. A good example of recent note is the Yarmouth "Pigeon Man" which was covered extensively by the media.

In such cases it is often difficult to (a) determine if the person is simply behaving in their usual eccentric manner or if they are not coping well; and, (b) to balance the rights of the individual against those of the family and/or the larger community.

As well, the person's underlying motivation can often be missed when the person is under duress.

Recommendations:

(1) That community standards be used as a guide in assessing the person's life-style, not professional middle class standards.

(2) That an independent seniors' advocacy system be put in place to assist in assessing these cases.

(3) That educational materials on self-care, nutrition, services, socially acceptable behaviour, etc., be made available to all seniors.

INFORMAL CAREGIVERS:

For the purposes of this Report an "informal caregiver" is defined as a relative, family member, or friend who is caring for an individual dependent upon him or her emotionally, physically, or financially, and this person is not being paid.

As caregivers these individuals encounter various levels or difficulty from financial stress and social isolation to an overall lack of knowledge regarding their roles.

Recommendations:

(1) Education:

a) that the Province undertake to ensure an educational program covering at least

the following subject matter is made available to all informal caregivers.

* providing care on a long term basis
* financial resources
* home environment - space and safety requirements
* accessing resources from the community
* understanding the aging process
* seniors' rights and what constitutes neglect and abuse
* how to care for the ill and frail at home
* when to consider institutional care
* where and how to obtain further information on stages of dying, grief and guilt

(2) Home Supports:

a) that the present annual maximum allowable ceiling on income to qualify for homemaker services under the Coordinated Home Care Program be revised to meet realistic needs.

b) that the maximum allowable homemaker and home nursing visits be increased and cover weekends and overnight periods.

c) that caregivers be given some form of financial compensation when they stay at home to provide care for the elderly.

d) that municipal in-home support contributions be made more consistent throughout the province.

(3) Community Support:

a) that a helpline be established to provide crisis intervention for caregivers who are under stress.

b) that respite beds be increased and made available at reasonable cost.

c) that video and audio tapes on aging and care of the elderly be produced by the province and made available locally through public libraries and community colleges.

d) that Tel-Med add tapes on caregiving to their present series.

FORMAL CAREGIVERS:

For the purpose of this Report a "formal caregiver" is defined as a person who, in the employ of an agency or institution, provides care for pay to an elderly individual in his/her home or in an institution.

Homemakers employed by Coordinated Home Care provide a vital difficult and stressful job requiring much skill, patience and understanding.

Personal Care Workers in the employ of Homes for Special Care receive little in the way of training besides their six week orientation sessions; yet they must provide care to residents who are experiencing difficulty coping with various debilitating health problems. These workers frequently experience burnout which in turn often leads to high staff turnover.

Recommendations:

(1) That the certification of Personal Care Workers and Homemakers ensure their participation in ongoing training programs geared to keeping their care skills current and to helping them deal appropriately with the stress of caregiving.

(2) The Basic Homemaker Training Program provided by the Coordinated Home Care Program be required of all Homemaker staff.

(3) That continuing education be made available to ensure the appropriate skill and knowledge level of Homemakers is maintained.

(4) That all caregivers, both formal and informal, be made aware of the legislation for the protection of seniors and the mandatory reporting requirements.

(5) That all reported incidents of adult abuse in Homes for Special Care be investigated by the Adult Protection staff.

(6) That senior advocacy groups and tenant associations be attached to Homes for Special Care and subsidized seniors' apartments to ensure residents' rights are respected.

(7) That a Charter of Seniors' Rights be added to the Homes for Special Care Act.

FINANCIAL EXPLOITATION:

Financial abuse of the elderly is often found among caregivers or family members who are financially dependent on the senior or who are reluctant to spend money that someday may be their inheritance. Seniors who have lived through the depression may hoard money by keeping it hidden in their homes while neglecting themselves, or use money as a weapon to control their families.

Recommendations:

(1) Educate the elderly of the risks associated with keeping their money at home.

(2) Educate the elderly and their caregivers on the role of the Public Trustee in assisting them with financial matters.

(3) Ensure that persons holding Power of Attorney are registered and are regularly held accountable for their stewardship.

(4) Ensure that needy elders and their caregivers are made aware of the assistance available to them from the various levels of government to assist with their care costs at home or in Homes for Special Care, and of the procedure they must follow to access this assistance.

(5) Establish community advocacy groups to work with seniors who feel they need to control their families with the threat of disinheritance.

COORDINATED HOME CARE AND IN-HOME SUPPORTS:

Demographic information indicates 85% of seniors living in the community and needing home support services, require the social care component i.e. homemaker services. Only 15% of these seniors require the nursing component.

Currently, the homemaker portion of Coordinated Home Care (the largest and growing segment) is income-tested and generally limited to 28 hours of service per week. Daily nursing visits may be provided.

Recommendations:

(1) The Coordinated Home Care Program be expanded to suit the needs of those seniors and caregivers who require more than 28 hours of service, and that both the homemaker and home nursing service be expanded to include weekends and night coverage.

(2) The income test requirements for the homemaker component of Coordinated Home Care Program services be reviewed to address exceptional needs of today's seniors. Presently the income ceiling for subsidized homemaker services is $14,388.00 annually per person.

(3) Municipalities work toward greater uniformity in the policies and practices they employ in their In-Home Support programs.

(4) Present policies and practices within the Coordinated Home Care Program be reviewed to confirm the validity of the current approach as it relates to the suspected abused elderly person in hospital.

(5) The "at risk" policy of Coordinated Home Care be examined fully in relation to

seniors who are left in a crisis situation or who must resort to institutions as a last resort.

(6) The Coordinated Home Care Program should continue its current practice of considering quality of life in its determination of what the program can offer the elderly client, even when the cost involved exceeds the cost of care in a Home for Special Care.

CENTRAL REGISTRY:

The Central Registry was suggested as one means of tracking abusive situations. It was felt that such an instrument would be useful in creating a full awareness of the extent of the problem of elder abuse and neglect, identifying previous incidents of abuse and neglect involving the same individual, and alerting various community service organizations so that appropriate preventive action can be taken. As well, the Central Registry would provide needed data for ongoing research, program planning and implementation.

Recommendations:

(1) That a Central Registry on Elder Abuse and Neglect be established as part of the Family Violence Tracking Program to compile information on incidents of elder abuse and neglect.

(2) That the Central Registry be supported by a local service centre so that seniors at risk have ready access to needed support services.

(3) That each local service centre have available a resource centre of written material and videos on subjects of interest to seniors.

(4) That the Central Registry be operated by, or as, a government agency because of the confidential nature of the information being recorded.

(5) That the Central Registry also be used to register persons with Power of Attorney in the same manner that a will is registered in Probate Court.

CONSCIOUSNESS RAISING:

The lack of awareness of the existence of elder abuse and neglect by the public and professional communities, its causes and incidence, often contribute to such abuse and neglect going undetected. Mistreatment of the elderly occurs in their homes, the homes of family members and in institutions, and this mistreatment is sometimes reinforced by society in the form of attitudes regarding aging.

Recommendations:

(1) Education be made available to families to assist them in changing patterns of violence formerly used as coping mechanisms in stressful situations.

(2) Students in the school system be encouraged to develop a positive attitude toward aging and the aged and be taught acceptable ways of dealing with conflict.

(3) Professionals and non-professionals working with seniors be kept abreast of issues affecting seniors and changes to legislation, programs and services, and service delivery protocols.

(4) The support of the media be sought in raising public awareness of and sensitivity to ageism, elder abuse and neglect, how ageism, elder abuse and neglect may be recognized, and the mandatory reporting requirements with respect to elder abuse and neglect.

(5) Pre-retirement courses covering all aspects of retirement and the pitfalls to be avoided, be provided to all preparing for this period of life.

(6) Universities preparing health care professionals devote more time to the study of aging.

(7) That seniors, their clubs and councils, be educated to work as seniors' advocates in the communities, raising community awareness of seniors' problems and needs in a whole host of areas including elder abuse and neglect.

(8) A greater effort be devoted to locating ethnic seniors and ensuring they are knowledgeable of their rights and the programs and services available to them.

(9) Treatment facilities be established to teach abusers and potential abusers socially acceptable ways of dealing with their aggression.

CONCLUDING REMARKS

The Conference provided an excellent forum for seniors and services providers to explore the many faces of elder abuse and neglect; to look at ways and means of preventing and/or stopping elder abuse and neglect; and, for considering how best to respond to the victims of elder abuse and neglect.

It was generally felt that greater emphasis must be placed on community awareness and prevention programs; that the delivery of programs needs to be better coordinated; that new and/or additional protocols are required; that a single entry point needs to be set up to address elder abuse and neglect; and that provincial legislation needs to be reviewed to correct a legislative framework which artificially separates protection of the elderly from the protection of their estate.

A good deal of discussion focused on the need to improve the availability and scope of our home care and in-home support programs; the plight of both formal and informal caregivers who are often undertrained and overburdened; the requirement for greater accountability on the part of persons holding Power of Attorney; and, the need for some form of Central Registry to record incidents of elder abuse and neglect.

Finally, all agreed that the fight against elder abuse and neglect required the best cooperative efforts of all involved.

EVALUATION EXECUTIVE SUMMARY

The Project, "Addressing the Problem of Elder Abuse: Where Do We Go From Here?" has utilized an effective approach to identifying the incidence and causality of elder abuse and recommending a plan of action to address problems in our present system. The process of a provincial committee working together with regional subcommittees was the most efficient strategy, given the limited resources of time and funding. The identification of eight constituencies who are stakeholders in this area of elder abuse was commendable. These delegates gave the perspective of abuse from many areas and provided a well-rounded view of the problem. The outcomes of the Project are multifaceted. The Conference has very definitely achieved its aim to raise consciousness about the problem of elder abuse. The first objective to test the Ryerson finding did indicate differences in the type of abuse that exists in Nova Scotia. Self-neglect/abuse was by far the major issue in Nova Scotia. To the extent that the methodologies differ, this finding is not surprising. There is concern regarding the validity of the findings because a non-scientific approach was utilized to obtain the information.

The Project succeeded in the identification of problem areas which need to be addressed in overcoming elder abuse. The plan of action and development of interagency protocols are also addressed in the Final Report. The method which will be used to advocate for these changes is unclear. The importance of education has been identified and many agencies and individuals have demonstrated a willingness to address education on abuse.

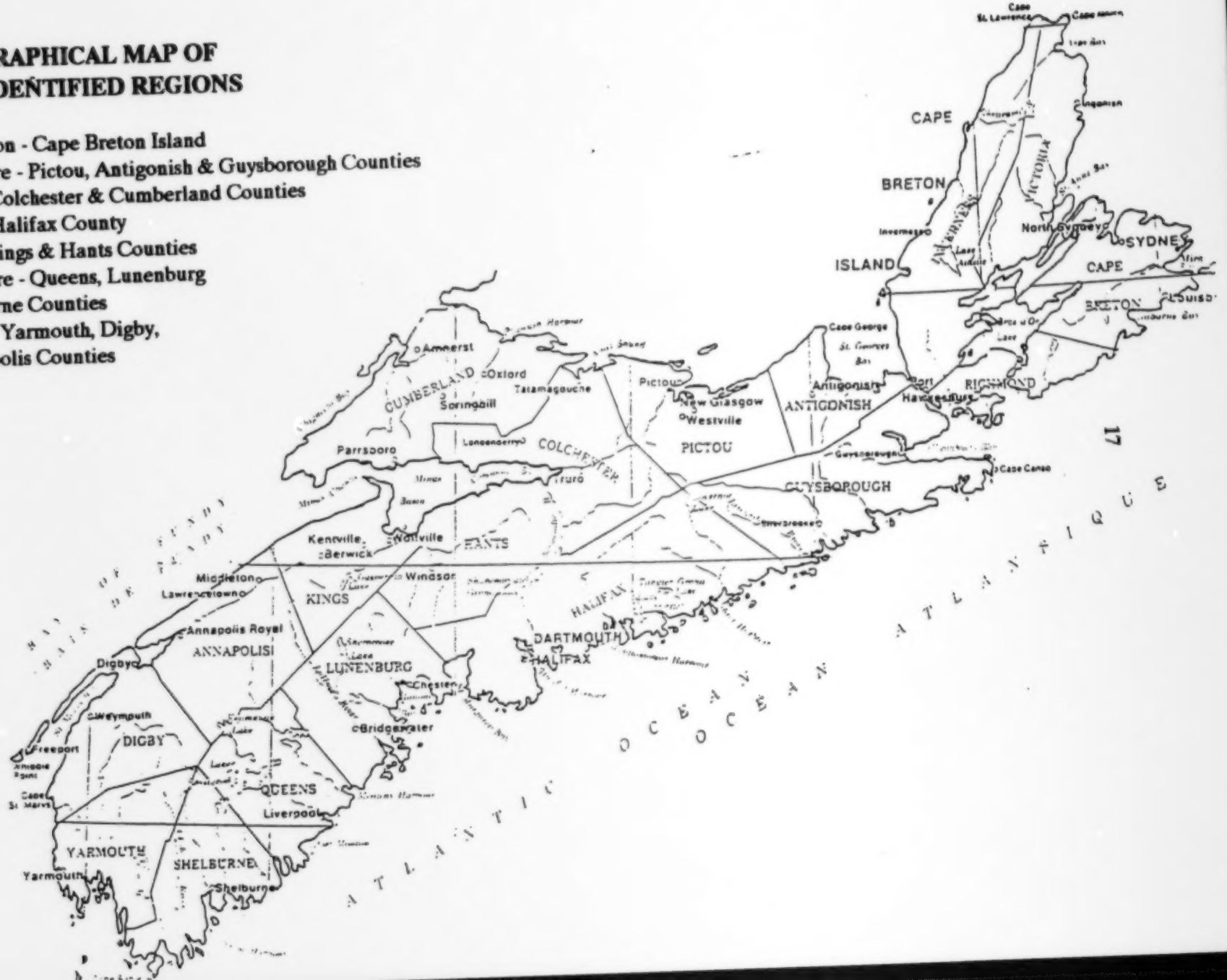
The outcome of the Project has been achieved in the most efficient methodology. The designer and participants in the process are to be commended for their dedication to achieving the final result. The usage of volunteers in this Project was extensive and illustrated that a project of this magnitude can identify issues for concern and address changes necessary by bringing the appropriate constituents to the table for discussion.

APPENDIX A

TOPOGRAPHICAL MAP

TOPOGRAPHICAL MAP OF THE 7 IDENTIFIED REGIONS

1. Cape Breton - Cape Breton Island
2. North Shore - Pictou, Antigonish & Guysborough Counties
3. Central - Colchester & Cumberland Counties
4. Halifax - Halifax County
5. Valley - Kings & Hants Counties
6. South Shore - Queens, Lunenburg & Shelburne Counties
7. Western - Yarmouth, Digby, & Annapolis Counties



APPENDIX B

CONFERENCE PROGRAM

ADDRESSING THE PROBLEM OF ELDER ABUSE: WHERE DO WE GO FROM HERE?

MOUNT SAINT VINCENT MOTHERHOUSE (POPE JOHN PAUL CENTRE) HALIFAX, N.S.

Monday, March 11th to Wednesday, March 13th

CONFERENCE PROGRAM

March 11th, 1991

5:30 p.m. - 7:00 p.m.	Registration	End of 2nd floor
7:30 p.m. - 9:00 p.m.	Videos on Elder Abuse and Neglect (Presentation and Discussion) Displays and Exhibits	Penthouse, M.S.V.

March 12th, 1991

7:30 a.m. - 8:45 a.m.	Breakfast	Cafeteria
8:30 a.m.	Late Registration	End of 2nd floor
9:00 a.m. - 9:15 a.m.	Welcoming Remarks Dr. Fred MacKinnon Director, Senior Citizens' Secretariat	Penthouse, 5th floor
9:15 a.m. - 9:30 a.m.	Conference Program Overview John Angus MacKenzie Special Consultant	Penthouse
9:30 a.m. - 10:30 a.m.	Review of Draft Report Jane Mayer, Project Coordinator; Diane Senechal, Chairperson Cape Breton Region	Penthouse

10:30 a.m. - 10:45 a.m.	Nutrition Break	Meeting room 4 4th floor
10:45 a.m. - 12:00 p.m.	Small Group Sessions	Meeting rooms 1-6
12:00 p.m. - 1:00 p.m.	Dinner	Cafeteria
1:15 p.m. - 2:00 p.m.	Report on 1st National Conference on Elder Abuse and Crime; Toronto, January 1991 Nancy Cochrane, Coordinator, Adult Protection, Department of Community Services	Penthouse
2:00 p.m. - 3:30 p.m.	Small Group Sessions	Meeting Rooms 1-6
3:30 p.m. - 3:45 p.m.	Nutrition Break	Meeting Room 4 4th floor
3:45 p.m. - 5:00 p.m.	Small Group Reports by Group Leaders	Penthouse
5:00 p.m. - 6:00 p.m.	Supper	Cafeteria
7:30 p.m. - 9:00 p.m.	Social	Penthouse, M.S.V. Motherhouse

March 13th, 1991

7:30 a.m. - 8:45 a.m.	Breakfast	Cafeteria
9:00 a.m. - 10:00 a.m.	Report of Chief Rapporteur and Group Discussion Paul Girard, Director of Social Work, Victoria General Hospital Chairperson - John Angus MacKenzie	Penthouse

10:00 a.m. - 10:15 a.m.	Nutrition Break	Meeting Room 4 4th floor
10:15 a.m. - 12:00 noon	General Discussion on Where Do We Go From Here	Penthouse

Chairperson -
Ms. Myrna Slater
President, Canadian
Pensioners Concerned
Nova Scotia Division

Participants -
Sgt. Chuck Moore
Coordinator, Crime Prevention
& Victim Services, R.C.M.P.

Mrs. Joan Redmond
Assistant Provincial
Coordinator, Coordinated
Home Care, Department of
Community Services

Mr. Earle MacLeod
Federal Superannuates
National Association
Western Valley Branch

Rev. Mel Scott
Northwood Care Inc.

Ms. Winnifred Milne
Director
Social Service Department
Nova Scotia Hospital,
Provincial Advisory Committee
on Multiculturalism,
Vice Chairman, N.S. Council
for Multicultural Health Care,
Board Member and Chairman of
Health Committee

Ms. Joan Marshall
Chapel Island Reserve
Cape Breton

Mr. Martin Bushell
Public Trustee
Attorney General's Department

12:00 p.m. - 1:00 p.m.	Dinner	Cafeteria

APPENDIX C

PROVINCIAL PLANNING COMMITTEE MEMBERS AND REGIONAL TASK FORCE COMMITTEE MEMBERS

PROVINCIAL PLANNING COMMITTEE MEMBERS

John Angus MacKenzie - Chairperson
Al Burchill
Martin Bushell
Nancy Cochrane
Allan Clark
Carol Fagen
Allan Foley
Dr. Roy Fox
Paul Girard
Janice Keefe
Katalin Kennedy
Dr. Joyce Deveau-Kennedy
Marlene MacLellan
Dr. Fred Mackinnon
Gary Martin
Jane Mayer
Chuck Moore
Winnifred Milne
Joan Redmond
Paula Simon
Myrna Slater
Diane Senechal
Donna Smith
Dr. Robert Tonks
Connie Wenaus

REGIONAL TASK FORCE COMMITTEE MEMBERS

1) Halifax County Region

Robert Rappard - Chairperson
Dr. Glenn Ginther
Angus Emberley
Gary MacDonald
Rev. Mel Scott
John Wrin
Kathy Greenwood
Lucy Riley

2) Cape Breton Region

Diane Senechal - Chairperson
Barry MacDonald
Wayne Hutchison
Joan Marshall
Dan Yakimchuk
Linden Wildsmith
Dr. Donald Robb
Noel Doucette
Rev. Jack Mc Donald
Dr. A.K. Munshi
Sister Margaret Harquail
Coleen Chisholm
Ursula Dufour
Rev. Piers Hawley
Douglas MacDonald
Barbara Campbell

3) Central Region

Sandra MacKay - Chairperson
Eleanor MacDougall
Kurt Eichenberg
Gordon Creelman
Dr. Rodney Stokoe
Nancy Watson
Gwyneth Larsen
Lori Melanson-Jones
Beverley Corbin
Dr. Christopher Losier

4) North Shore Region

Roy Prest - Chairperson
Dr. Andrew Douglas
Lorna Hatfield
Gary Humphreys
Jane Jordan
Elsie MacDonald
Mamie Morrison
Al Poore
Dave Chadwick

(5) Valley Region

Daphne Carroll
Mary Ledwell
Winnie Rockwell
Viola Singer
Dr. Miriam Ross
Dr. Cussen
Bruce Weir

6) Western Region

Sam Cummings - Chairperson
Louis Comeau
Ruth Jago
Vern Gagnon
Art Griffen
Rev. Bruce Gammon
Dr. Michelle Dow
Tracy Saulnier
Frances Clements
Tina Smith

7) South Shore Region

Joan Lay - Chairperson
Rev. Gordon Simons
Marjorie Morash
Ron Thompson
Jim Passmore
Sue Balish

APPENDIX D

LIST OF CONFERENCE PARTICIPANTS

ADDRESSING THE PROBLEM OF ELDER ABUSE: WHERE DO WE GO FROM HERE?

PARTICIPANTS

Martin Bushell - Provincial Planning Committee; Public Trustee, Attorney general's Department

Sue Balish - South Shore Region Task Force; Surf Lodge Nursing Home

Const. Shawn Barker - R.C.M.P., Yarmouth Detachment

Chief Superintendent Al Burchill - Provincial Planning committee; R.C.M.P.

Daphne Carroll - Valley Region Task Force, Chairperson; Adult Protection, Department of Community Services

Christine Carston - Women's Directorate

Sam Cummings - Western Region Task Force, Chairperson; Assistant Regional Administrator, Department of Community Services

Allan Clark - Provincial Planning Committee; Coordinator, Senior Citizens' Commission

Beverley Corbin - Central Regoin Task Force; Family Benefits Worker, Department of Community Services

Herb Chapman - Crime Prevention Society of Nova Scotia, Program Coordinator, Department of the Solicitor General

Gordon Creelman - Central Region Task Force; Senior Community

Nancy Cochrane - Provincial Planning Committee; Coordinator, Adult Protection, Department of Community Services

Noel Doucette - Cape Breton Region Task Force; Economic Development Advisor, Chapel Island Band Council

Mary Docker - President, Pictou County Senior Citizens' Council

Const. Angus Emberley - Halifax County Region Task Force; R.C.M.P.

Const. Kurt Eichenberg - Central Region Task Force; R.C.M.P.

Carol Fagen - Provincial Planning Committee; Director of Social Work, Northwoodcare Inc.

Eileen Foley - Kings County Senior Citizens' Council

Al Foley - Provincial Planning Committee; President, Federation of Senior Citizens and Pensioners

Dr. Glen Ginther - Halifax Region Task Force; Camp Hill Hospital

Paul Girard - Provincial Planning Committee; Director of Social Work, Victoria General Hospital

Cpl. Gary Humphreys - North Shore Region Task Force; R.C.M.P.

Joan Hayes - Dartmouth Senior Citizens' Council

Melda Howe - Field Assessment Officer, Social Service Department

Ruth Jago - Western Region Task Force, Digby County Senior Citizens' Council

Janice Keefe - Provincial Planning Committee, Professor, Mount Saint Vincent University

Katalin Kennedy - Family Violence Prevention Division, Health & Welfare Canada, Ottawa

Joan Lay - South Shore Region Task Force Chairperson, Senior Community

Eleanor MacDougall - Central Region Task Force, Regional Home Care Coordinator, Department of Community Services

Jane MacNiven - Canadian Pensioners Concerned

Margie MacDonald - Seniors' Independence Program

Const. Gary Martin - Provincial Planning Committee, Halifax Police

Gary MacDonald - Halifax County Region Task Force, Metro Immigration Settlement Association

Joan Marshall - Cape Breton Region Task Force, Chapel Island Band Council

Winnifred Milne - Provincial Committee, Director Social Work, Nova Scotia Hospital

Vivian MacMillan - President, Hants County Senior Citizens' Council

Rev. Grant MacDonald - Senior Citizens' Commission

Mamie Morrison - North Shore Region Task Force; Senior Community

Sgt. Chuck Moore - Provincial Planning Committee; Coordinator, Crime Prevention/Victim Services, R.C.M.P.

Nelson Muise - Cape Breton Senior Citizens' Council

Marjorie Morash - South Shore Region Task Force; Senior Community

Earl Macleod - Federal Superannuates National Association, Wester Valley Branch

Sandra Mackey - Central Region Task Force, Chairperson; Senior Caseworker, Department of Community Services

Barb Millar - Chief Supervisor, Homes for Special Care, Department of Community Services

Marie Macdonald - Cape Care Services

Dr. Fred MacKinnon - Director, Senior Citizens' Secretariat

John Angus MacKenzie - Special Consultant, Senior Citizens' Secretariat

Jane Mayer - Project Coordinator, Senior Citizens' Secretariat

Colin MacEwan - Senior Citizens' Secretariat, Displays & Exhibits

Susan Nasser - Challenge in Participation

Sarah O'Connell - Yarmouth County Senior Citizens' Council

Const. Dave Pike - R.C.M.P., Cole Harbour Detachment

Agnes Parker - Canadian Pensioners Concerned

Heather Praught - Senior Citizens' Secretariat, Technical Production

Kevin Ryan - New Horizons/Seniors Independence

Joan Redmond - Provincial Planning Committee; Coordinated Homecare

Lucy Riley - Halifax County Region Task Force; Senior Community

Eleanor Reeder - Sackville Senior Citizens' Council

Bob Rappard - Halifax County Region Task Force, Chairperson; Canadian Pensioners Concerened

Ruth Smith - Coordinator, Homemaker Services of Annapolis County

Diane Senechal - Provincial Planning Committee; Cape Breton Region Task Force, Chairperson

Rev. Mel Scott - Halifax County Region Task Force; Director of Pastoral Care, Northwoodcare Inc.

Reg. Gordon Simons - South Shore Region Task Force; United Church Clergy

Paula Simon - Provincial Planning Committee; Victim Services, Attorney General's Department

Donna Smith - Provincial Planning Committee; Policy, Planning and ^_Research, Solicitor General's Department

Leta Snair - President, Halifax County Senior Citizens' Council

Myrna Slater - Provincial Planning Committee; President, Nova Scotia Division, Canadian Pensioners Concerned

Ron Thompson - South Shore Region Task Force; Social Worker, Department of Community Services

Florence Trynor - Canadian Pensioners Concerned, Nova Scotia Division

Brian Vandervaart - Executive Director, Associated Homes for Special Care

Linden Wildsmith - Cape Breton Region Task Force; Senior Community

Cprl. Bruce Weir - Valley Region Task Force; Kentville Police

Connie Wenaus - Provincial Planning Committee; Director, Dartmouth ^_Senior Service Centre

Valerie White - Coordinator, Senior Citizens' Secretariat

Nicky Wysymski - Halifax Police Dept.

APPENDIX E

SMALL GROUP DISCUSSION GUIDELINES

SUGGESTED DISCUSSION GUIDELINE
SMALL GROUP SESSIONS

It is expected that each participant will have had an opportunity to review the Conference background document, entitled, **ADDRESSING THE PROBLEM OF ELDER ABUSE: WHERE DO WE GO FROM HERE?**

Small Group Discussion #1

We must remember that the subject of elder abuse and neglect has only recently become a topic for discussion and research - the first national study having been completed by the Ryerson Polytechnical Institute approximately a year ago. Many people do not know what elder abuse and neglect really is, and many others do not want to admit that such realities exist. This being the case, I would suggest our first task must be to work together to raise the awareness of everyone about the existence of elder abuse and neglect, the forms elder abuse and neglect take, the extent of elder abuse and neglect, who is vulnerable and how and where to get help to stop elder abuse and neglect. Is there a relationship between family violence generally and elder abuse and neglect, and, if so, what is the nature of this relationship?

These considerations, we would suggest, should guide the first small group discussion on Tuesday, March 12th from 10:45 a.m. to 12:00 noon.

Each participant should be encouraged to speak to their understanding of and experience with the hidden scourge of elder abuse and neglect - what is their perception of elder abuse and neglect? how widespread do they think it is in their community? what forms does it take? and why do they think it exists?

Small Group Discussion #2

Addressing elder abuse and neglect is a complex task which will require the best in cooperative and coordinated efforts by all levels of government, front line workers, educators, law enforcement, professionals, business, labour, the media, and the elderly.

In the second small group session to be held on Tuesday, March 12th from 2:00 p.m. to 3:30 p.m., we would suggest that the discussion focus on the present elder protective system - how well it works, or doesn't work, its strengths and weaknesses as a vehicle for protecting the elderly, often frail, members of society; and what each of us can do individually and collectively when we return to our communities to make sure our system of elder care does protect and enchance the dignity of an increasing frail elderly population.

APPENDIX F
CONFERENCE EVALUATION FORM

EVALUATION

Addressing the Problem of Elder Abuse: Where Do We Go From Here ? CONFERENCE

Please take a few minutes to fill out this form.

1. **Do you represent any of the following group? (you may indicate more than one)**

___ Church Group
___ Senior Citizen Community
___ Coordinated Home Care
___ Ethnic Community
___ Financial Institution
___ Law Enforcement Agency
___ Medical Profession
___ Community Services

2. **Are you presently involved (or have you recently been involved) in providing services to persons who have experienced Elder Abuse?**

___ Yes
___ No

3. **Have you been involved in the Elder Abuse project sponsored by the Secretariat prior to the Conference?**

___ No
___ Yes

If yes, In what capacity ?

___ Provincial Planning Committee Member
___ Regional Planning Committee Member
___ Project Development
___ Other, Please specify

_____

PLEASE INDICATE THE EXTENT THAT YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS? (CIRCLE THE RESPONSE PROVIDED)

4. **There was sufficient opportunity during the conference to allow for participation (for ex. ask questions, give experiences etc.)**

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

5. **I have not gained any new knowledge about Elder Abuse from this Conference.**

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

6. **The group meetings enabled me to say what I wanted to about Elder Abuse.**

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

7. **Elder Abuse is not a serious problem in Nova Scotia.**

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

8. **I have made a contribution to the overall plan of action to eliminate Elder Abuse.**

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

9. **The draft report of the project enabled me to understand the issue and causes of elder abuse prior to attending the conference.**

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

10. **What kinds of activities can you do that will help address the problem of elder abuse in your community?**

APPENDIX G
PROJECT EVALUATION REPORT

EVALUATION REPORT

ADDRESSING THE PROBLEM OF ELDER ABUSE

WHERE DO WE GO FROM HERE?

Presented to :

NOVA SCOTIA CITIZEN'S SECRETARIAT

Submitted by:

Janice M. Keefe
Assistant Professor,
Dept. of Gerontology
Mount St. Vincent Umiversity

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The project "**Addressing the Problem of Elder Abuse: Where Do We Go From Here?**" has utilized an effective approach to identifying the incidence and causality of elder abuse and recommending a plan of action to address problems in our present system. The process of a provincial committee working together with regional subcommittees was the most efficient strategy given the limited resources of time and funding. The identification of eight constituencies who are stakeholders in this area of Elder Abuse was commendable. These delegates gave the perspective of abuse from many areas and provided a well rounded view of the problem. The outcomes of the project are multifaceted. The conference has very definitely achieved its aim to raise consciousness about the problem of Elder Abuse. The first objective to test the Ryerson finding did indicate differences in the type of abuse that exists in Nova Scotia. Self neglect/ abuse was by far the major issue in Nova Scotia. To the extent that the methodologies differ this finding is not surprising. There is concern regarding the validity of the findings because a non scientific approach was utilized to obtain the information.

The project succeeded in the identification of problem areas which needed to be addressed in overcoming elder abuse. The plan of action and development of interagency protocols are also addressed in the final report. The method which will be used to advocate for these changes is unclear. The importance of education has been identified and many agencies and individuals have demonstrated a willingness to address education on abuse.

The outcome of the project has been achieved in the most efficient methodology. The designer and participants in the process are to be commended for their dedication to achieving the final result. The usage of volunteers in this Project was extensive and illustrated that a project of this magnitude can identify issues for concerns and address changes necessary by bringing the appropriate constituents to the table for discussion.

INTRODUCTION

The following report is an evaluation of the project "Addressing the Problems of Elder Abuse: Where Do We Go From Here?" using performance and process criteria. The proposal for this evalution was discussed and approved in October, 1990 by representatives of the Senior's Secretariat.

Process analyses are useful in large diffuse programs where the source of the program effects are unclear. an investigation of the outcomes of the program is important to the administrators and funding of the project. Thus the performance of the project in achieving its goal and objective is discussed.

GOALS AND OBJECTIVES

Prior to the methodology used in this research and the development of the project, an identification of goal and objectives is necessary.

Goal

1) To more effectively address, and in so doing alleviate the problem of Elder Abuse in Nova Scotia.
This will be achieved through an identification of all of the constituents involved, of the major problem areas (1) and the steps that might be taken at the local and provincial levels to address them.

Objectives

1) Test the Ryerson findings in Nova Scotia re: the incidence and causes of Elder Abuse.

2) Identify major problem areas to overcome in addressing Elder Abuse (both identifying abuse and fighting against it).

3) Commit to paper a plan of action to address overall problems identified at the provincial level and make provisions for regional variations.

4) To establish a frame work of education programs and

5) To develop inter-agency and inter-organizational protocols to ensure continued action.

PROJECT COMPONENTS

The Senior Secretariat, Province of Nova Scotia received funding for this project through the Family Violence Prevention Division, Health and Welfare Canada. The Principal investigator was a permanent staff consultant with the Senior Secretariat and a part-time coordinator was hired to oversee the daily operation of the project. Panels of informed representatives were utilized to achieve the goals of the project. A Provincial Planning Committee provided leadership in the mandate to identify causes and incidence of abuse and possible plan of action. They also acted in an advisory capacity regarding operational mandate of the project. In addition, seven Regional Task Forces were established to fulfill the mandate of the project. A conference to bring together all persons who had taken part in the process was the final component of the project.

The initial funding proposal identified four major constituencies to become involved at the provincial and local (regional) levels to fulfill the objectives of the project. These groups included: law enforcement, the social work community, the church and the senior community. At the first meeting of the Provincial Planning Committee four additional groups were added namely, medical, financial, community nursing* and ethnic groups/ organizations. Thus experts from each of these eight constituencies were invited to participate in Regional and the Provincial meetings.

The Provincial Planning Committee met every four weeks. At the first Provincial meeting the mandate of the committee was changed slightly to include the perception of Elder Abuse. Thus the mandate of the Provincial Committee is as follows:

TO TEST IN A LESS STRUCTURED WAY THE FINDINGS OF THE RYERSON STUDY, IN LIGHT OF THE NOVA SCOTIA EXPERIENCE, WITH RESPECT TO THE PERCEPTION, THE INCIDENCE, THE CAUSALITY AND WHAT CAN BE DONE TO BETTER ADDRESS ELDER ABUSE AND NEGLECT.

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*The Minutes of the Provincial meeting (September 13), indicate this is a community nurse. At some point it was interpreted more broadly as the Coordinated Home Care program (see second draft of the report, page 6).

EVALUATION METHODOLOGY

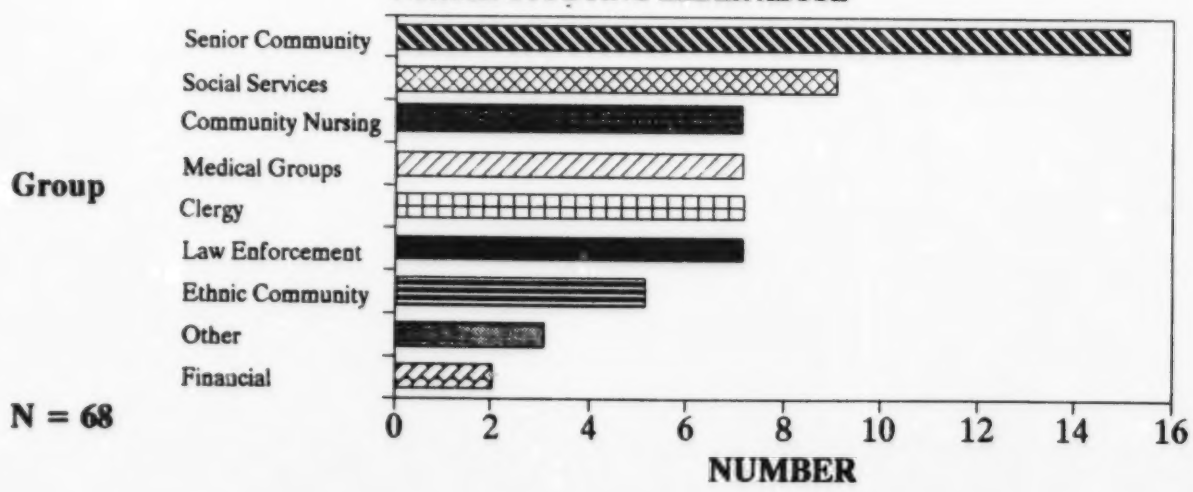
The evaluator collected data from various facets of the Elder Abuse project to understand the processes that occurred. The minutes and final reports of both the Regional Groups and the Provincial Planning Committee were examined. Telephone interviews with each of the seven Chairmen of the Regional Committee were held to obtain a verbal account of the process in the group. participant observation technique was also used: the evaluator attended the meetings of the Provincial Planning Committee and the final conference. During this conference a questionnaire was completed by participants to measure their consciousness-raising on the issue of elder abuse and their commitment to create change in this area.

REGIONAL TASK FORCES

Regional Task Forces were held in seven ares in Nova Scotia: Western, Central, South Shore, Cape Breton, Valley and Halifax County. The mandate of these groups is similar to the Provincial Committee which has been explained above. Regional Task Forces ranged in size from six to sixteen persons. Figure one illustrates the total number of individuals representing each targeted group on these Regional Task Forces.

FIGURE ONE

REPRESENTATIVES ON THE REGIONAL TASK FORCES STUDYING ELDER ABUSE



The senior community was very well represented averaging two persons on each Task Force. However, there was little involvement from the financial institutions. Even those financial agents who were part of the committee did not represent banking institutions per say but a department within government and a retired person.

Five ethnic representatives were on four Regional Task Forces, thus three Task Forces were without ethnic representation. Every Regional Committee had a law enforcement and a community nursing delegate. Most regions (6 out of 7) had a delegate from the medical community and social services agency. Thus, with the exception of financial and ethnic delegates, the membership of the Regional Task Forces generally represented the groups which were identified as important constituencies.

The process of selecting Task Force members is unclear from the documents. In some cases, representatives were selected by the regional chairperson and in other arrangements, the project coordinator was responsible. Many regional delegates were suggested from the Provincial Planning Committee. This practice may have resulted in a homogenous group and hence explain why there was some difficulty obtaining representatives from particular groups, namely, the ethnic community and financial institutions.

During the telephone interview the regional chairmen were asked to describe their members interest/ dedication to the objectives of the project. Most respondents indicated that the membership was very enthusiastic and committed to learning about and investigating elder abuse. There was only one region who suggested that the initial concern expressed by the members did not continue throughout the process.

There were a variety of apprehensions expressed by the group members during the initial stages of their task. Some of the senior representatives did not feel that they had any expertise to offer to this group. The lack of basic knowledge about Adult Protection pervaded all representatives and is indicative of a larger problem: If the professional and senior community leaders are not aware of legislation and protocol surrounding elder abuse, how can we expect the general public to have an accurate understanding of the problem?

Another condition that may relate to the success of the regional contribution was the limited time available to complete the task and the pre-Christmas rush that coincided with the program process. Three of the seven groups indicate the time factor was a concern. Two thought more lead time was needed to establish committees and arrange meetings. Another speculated that more time would enable them to obtain more indepth statistics on the problem. On the other hand, one chairman stated "My committee would have talked for a year... because it was only six months they had to become focused". Despite the time restriction on the project the approach of Regional Groups was successful in fulfilling the project's mandate.

INFORMATION COLLECTION

There was a variety of methods employed to obtain information on abuse for discussion. This was probably the result of unspecific guidelines from the provincial office. In two committees the members were asked to go back into their communities and find out the incidence of elder abuse. Thus, mini surveys were completed. At the next meeting their findings were reported. A few groups requested written reports from the membership on the incidence of elder abuse in their particular area of expertise. Three other groups informally discussed the issues at their meetings and highlighted the important factors. Despite the differences in methodology all groups identified self neglect as the predominant form of elder abuse in their region.

There are positive and negative attributes to this approach. On the one hand, because the regional groups were given some flexibility they gained ownership over the process and made a dedicated effort to obtain the information required. On the other hand, the information received on the incidence and causes of elderly abuse was collected using a variety of methodologies and therefore have limited reliability. Reliability refers to the degree to which a measure can be depended upon to secure consistent results upon repeated application. Moreover, all information was collected using an unscientific approach. The extent to which reported cases of abuse in Nova Scotia represent the actual incidence of abuse is unclear. Thus, the issue of validity is raised. Validity refers to "the degree to which any measure or procedure succeeds in doing what it purports to do." (Sushman, 1967:120). Regional experts who discuss the situation in their area may result identifying improved protocols however, is their exposure to reported cases a skewed interpretation of the reality? Given the limited resources of the project the approach was legitimate. However, the limitations of validity and reliability call into question the type and incidence of elder abuse reported.

REGIONAL APPROACH

Most Regional Chairmen indicated that the process of obtaining information through regional task forces was an excellent approach to reaching out into the community for information. One person expressed frustration, however, in arranging people to attend meetings. This is not representative of all groups: As noted above, many chairs informed the evaluator of the enthusiasm and interest in the topic. One factor that assisted in the effectiveness of the Regional Task Forces was the variety of representatives who came to the table. Each delegate was chosen for a particular expertise. This sharing of information between responsible groups led to a better understanding of the incidence and causality of abuse. As important, was the consciousness raising of all members of the groups how their particular area does not contribute to a unified approach. Given the limited resources available both in terms of time and funding, this regional approach is most effective. Moreover, it is representative of the Province and not restricted to one area. As one committee indicated, their counties are often left out of province-wide discussions and they welcomed the opportunity to research and express the situation in their area.

PROVINCIAL PLANNING COMMITTEE

Membership on the Provincial Planning Committee varied somewhat throughout the process of the project. Designated Members representing the additional four constituencies were included after the first meeting. At the end of the project the membership list numbered twenty-five (25) however, this committee still had no representative of financial institutions*. With this exception all other constituencies were well represented (although the CHCP delegate presumably is as Community Nursing representative). The Provincial Planning Committee held meetings every four weeks for a total of six meetings. The approach to gather information began with open discussions on the issues. At the third meeting professionals who provide services to persons of abuse reported on the incidence and causality from their perspectives. Using this information as a launch, the group identified many problem areas and suggested some solutions. A "brain storming session" was the focus of the fourth meeting. This provided a framework for a plan of action. The Provincial Planning Committee were actively involved in an advisory capacity which included reviewing the draft of the final report and solidifying the agenda for the conference.

CONFERENCE

A draft report cumulated the regional reports and provincial recommendations on the perceptions, incidence, and causality of elder abuse and their suggestions for action. A conference to discuss this report further and raise consciousness in the community about elder abuse was held on March 11 and 12th at the Motherhouse, Mount St. Vincent University. The day and a half meetings were attended by approximately seventy-five (75) people from various regions throughout the province. The targeted constituency group represented are identified in figure two. Note that some individuals represent more than one group.

The conference delegates were invited from the Regional Task Groups, the Provincial Planning Committee, and the other persons who are involved in the field of aging and/ or abuse in Nova Scotia. Forty per cent of persons who attended the conference were not involved in the project prior to the conference. The largest constituency which attended the conference was from the senior community. Three stakeholders in the elder abuse process namely, law enforcement, community services (including adult protection workers) and home care groups were also well represented. It is a tribute to the project that these constituencies recognize the importance of the issue to attend a day and a half long conference.

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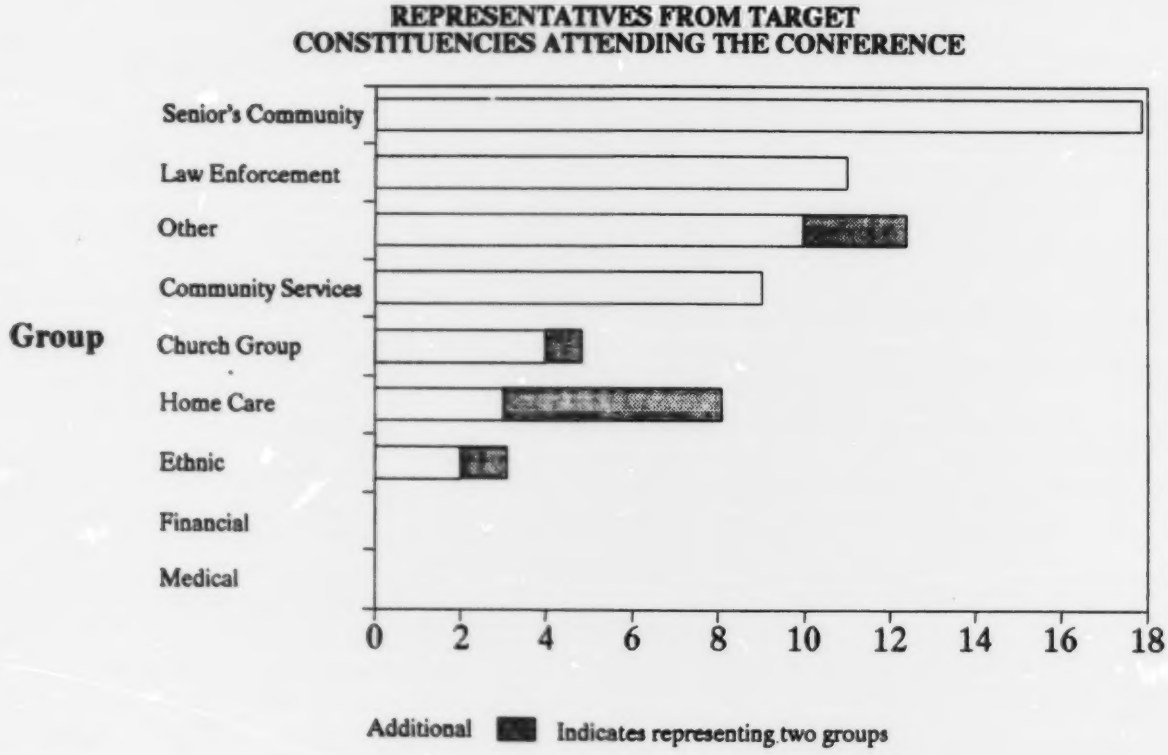
*The Public Trustee of Nova Scotia did sit on this committee however, no representative from a bank or other financial institutions attended. (See the final report appendices for list of membership).

The high number of "other" is reflective of invited persons outside the targeted groups who were invited to the conference. Five representatives from the church attended and there was minimal representation from ethnic groups (three). Interestingly no one identified themselves as representing the financial or medical interests.

FIGURE TWO

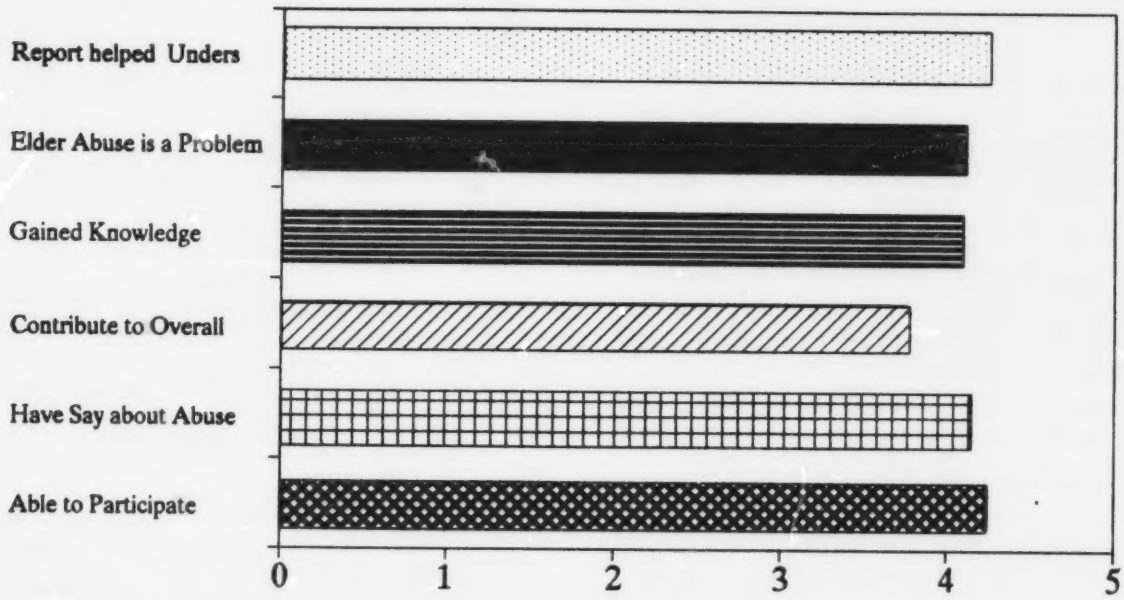


PARTICIPATION

There were identified attributes of the conference program which increased its success. There was sufficient opportunity for participants to express their opinions on elder abuse in small group discussions and in the larger full conference sessions. Figure Three illustrates the high level of agreement of the participants on issues relating to participation and consciousness raising. On average, participants agreed to the statement that they had opportunity to participate and express their opinions. Less secure was their perception that they contributed to an overall plan of action.

FIGURE THREE

AVERAGE RESPONSES OF CONFERENCE DELEGATES TO STATEMENTS ABOUT INCREASED KNOWLEDGE AND PARTICIPATION IN THE PROCESS



LIKERT SCALE: Strongly Disagree (1) to Strongly Agree (5)

CONSCIOUSNESS-RAISING

On average participants felt that they had gained knowledge about elder abuse at this conference. Similarly, the general consensus was that elder abuse was a problem in Nova Scotia. These findings indicate that the goals of the conference to raise awareness and provide discussion and input in the report on elder abuse have been met.

OUTCOME ANALYSIS

At the time of this report the final copy of the report from the project "Addressing the Needs of Elder Abuse: Where Do We Go From Here?" is not yet available. Thus the focus on this evaluation has been the process utilized to achieve the conclusions and recommendations. Despite the limitations expressed, there are some indications from draft reports and participation in the conference of the anticipated outcomes.

The mandate of the project to test in a less structured way the findings of the Ryerson report and identify a plan of action has been achieved. The concern of the validity and reliability of the incidence and type of abuse has been expressed. Given the limited information, the project report does fulfill its objective to identify areas of difficulties in overcoming abuse and suggest alternatives through a plan of action. It is not clear whether these recommendations will become the mandate of another committee to monitor the implementation of this plan of action. This a vital component to the success of the project. Once identified there needs to be a plan of action regarding the implementation process.

The objective to establish a framework through education programs appears to be taken on as an issue of the grassroots participants. When participants at the conference were asked to identify what activities that they can do to address the issue of elder abuse in their community, a significant proportion of participants indicated they would attempt to increase awareness through education, re-examine their own program policies for sensitivity and protocols etc... Thus the change which occurred as a result of the project is primarily cognitive. Moreover, from the participants perspective their attempts to create change will also be cognitive.

The important issue of behaviour changes in present protocols has been recommended in the report. Specific action in a number of areas is suggested. The test will be the ability to put this issue on the agenda of policy makers in government to revise provincial legislation and procedure in this area.

Senior Citizens' Secretariat

Other Secretariat Publications

- Monthly Newsletter
- Statement on Aging and the Aged — 1984
- "Seniors Helping Seniors" Proceedings of a Nova Scotia Conference on Aging and the Aged — 1984
- Programs for Seniors (5th Edition) — 1989-90
- Aging and the Aged in Nova Scotia (A list of Writings from 1979 to 1985)
- Elder Abuse: Everyone's Concern — 1986
- "To Be or Not to Be" — a Nova Scotia Seminar on the Need for a Gerontology Center — May 28-29, 1986
- Report on Home Care Consultations — 1986
- "Hear Ye — Hear We" — A Nova Scotia Seniors' Seminar for Better Hearing — June 29-30, 1987
- Proceedings of Partnerships in Aging: Bringing Nova Scotia Seniors Together — a Provincial Meeting of Veterans and Seniors — August 11-13, 1987
- Seminar Proceedings — Cape Breton Senior Seminar for Better Hearing — September 20-21, 1988
- Planning with Seniors for the 21st Century — Major Trends and Issues — May, 1989
- Planning with Seniors for the 21st Century — Demographics — July, 1989
- Planning with Seniors for the 21st Century — Programs and Services — December, 1989

Nova Scotia
Senior Citizens' Secretariat